BROOKSIDE CARE CENTER 3506 WASHINGTON ROAD

KENOSHA	53144	Phone: (262) 653-3800)	Ownership:	County
Operated from	1/1 To 12/31	l Days of Operation	: 365	Highest Level License:	Skilled
Operate in Co	njunction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Bed	s Set Up and St	taffed (12/31/03):	154	Title 18 (Medicare) Certified?	Yes
Total License	d Bed Capacity	(12/31/03):	154	Title 19 (Medicaid) Certified?	Yes
Number of Res	idents on 12/31	1/03:	153	Average Daily Census:	151

	Age, Gender, and Primary Di	agnosis	of Residents	(12/31/03)	Length of Stay (12/31/03)	왕	
No	Primary Diagnosis	용	Age Groups	응	Less Than 1 Year	18.3	
No					1 - 4 Years	41.8	
No	Developmental Disabilities	1.3	Under 65	2.0	More Than 4 Years	27.5	
No	Mental Illness (Org./Psy)	27.5	65 - 74	6.5			
No	Mental Illness (Other)	3.3	75 - 84	30.1		87.6	
No	Alcohol & Other Drug Abuse	0.0	85 - 94	43.1	* * * * * * * * * * * * * * * * * * *	*****	
No	Para-, Quadra-, Hemiplegic	0.7	95 & Over	18.3	Full-Time Equivalent		
Congregate Meals No		5.2			- Nursing Staff per 100 Residents		
No	Fractures	0.0		100.0	(12/31/03)		
No	Cardiovascular	17.0	65 & Over	98.0			
No	Cerebrovascular	11.1			RNs	9.2	
No	Diabetes	13.7	Gender	용	LPNs	6.7	
No	Respiratory	3.9			Nursing Assistants,		
	Other Medical Conditions	16.3	Male	21.6	Aides, & Orderlies	40.6	
No	[Female	78.4			
	1	100.0					
No	1			100.0			
	No N	No Primary Diagnosis No No Developmental Disabilities No Mental Illness (Org./Psy) No Mental Illness (Other) No Alcohol & Other Drug Abuse No Para-, Quadra-, Hemiplegic No Cancer No Fractures No Cardiovascular No Cerebrovascular No Diabetes No Respiratory	No Primary Diagnosis	No Primary Diagnosis	No Primary Diagnosis	No Primary Diagnosis	

Method of Reimbursement

		Medicare			edicaid			Other			Private Pay	:		amily Care			anaged Care	l 		
Level of Care	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	્રે જ	Per Diem (\$)	No.	90	Per Diem (\$)	No.	્રે જ	Per Diem (\$)	No.	્ર	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	1	1.1	142	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.7
Skilled Care	13	100.0	313	79	83.2	122	0	0.0	0	45	100.0	170	0	0.0	0	0	0.0	0	137	89.5
Intermediate				15	15.8	102	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	15	9.8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende:	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	13	100.0		95	100.0		0	0.0		45	100.0		0	0.0		0	0.0		153	100.0

Admissions, Discharges, and	- 1	Percent Distribution	of Residents'	Condit	cions, Services, ar	nd Activities as of 12/	31/03
Deaths During Reporting Period					 % Needing		Total
ercent Admissions from:		Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	4.1	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	1.4	Bathing	0.0		81.0	19.0	153
Other Nursing Homes	43.2	Dressing	2.6		83.7	13.7	153
Acute Care Hospitals	47.3	Transferring	28.1		61.4	10.5	153
Psych. HospMR/DD Facilities	0.0	Toilet Use	11.1		64.7	24.2	153
Rehabilitation Hospitals	0.0	Eating	57.5		39.9	2.6	153
Other Locations	4.1	*****	*****	*****	*****	******	*****
otal Number of Admissions	74	Continence		용	Special Treatmer	nts	용
ercent Discharges To:	i	Indwelling Or Extern	al Catheter	5.9	Receiving Resp	oiratory Care	0.0
Private Home/No Home Health	9.5	Occ/Freq. Incontinen	t of Bladder	56.9	Receiving Trad	cheostomy Care	0.7
Private Home/With Home Health	6.8	Occ/Freq. Incontinen	t of Bowel	7.2	Receiving Suct	ioning -	1.3
Other Nursing Homes	1.4	-			Receiving Osto	omy Care	2.0
Acute Care Hospitals	20.3	Mobility			Receiving Tube	Feeding	0.7
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	5.2	Receiving Mech	nanically Altered Diets	24.2
Rehabilitation Hospitals	0.0	<u> </u>			3	-	
Other Locations	0.0	Skin Care			Other Resident (Characteristics	
Deaths	62.2	With Pressure Sores		2.0	Have Advance I	Directives	84.3
otal Number of Discharges	i	With Rashes		15.7	Medications		
(Including Deaths)	74 i				Receiving Psyd	choactive Drugs	64.7

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		Own	ership:		Size:		ensure:				
	This	Gov	ernment	100	-199	Ski	lled	Al.	1		
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities		
	%	ક	Ratio	용	Ratio	용	Ratio	%	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	98.1	87.8	1.12	87.6	1.12	88.1	1.11	87.4	1.12		
Current Residents from In-County	100	86.6	1.15	83.0	1.20	82.1	1.22	76.7	1.30		
Admissions from In-County, Still Residing	63.5	34.3	1.85	19.7	3.23	20.1	3.16	19.6	3.23		
Admissions/Average Daily Census	49.0	71.2	0.69	167.5	0.29	155.7	0.31	141.3	0.35		
Discharges/Average Daily Census	49.0	73.5	0.67	166.1	0.30	155.1	0.32	142.5	0.34		
Discharges To Private Residence/Average Daily Cens	sus 7.9	24.3	0.33	72.1	0.11	68.7	0.12	61.6	0.13		
Residents Receiving Skilled Care	90.2	89.5	1.01	94.9	0.95	94.0	0.96	88.1	1.02		
Residents Aged 65 and Older	98.0	84.0	1.17	91.4	1.07	92.0	1.07	87.8	1.12		
Title 19 (Medicaid) Funded Residents	62.1	74.5	0.83	62.7	0.99	61.7	1.01	65.9	0.94		
Private Pay Funded Residents	29.4	17.8	1.66	21.5	1.37	23.7	1.24	21.0	1.40		
Developmentally Disabled Residents	1.3	2.8	0.47	0.8	1.71	1.1	1.18	6.5	0.20		
Mentally Ill Residents	30.7	55.2	0.56	36.1	0.85	35.8	0.86	33.6	0.91		
General Medical Service Residents	16.3	17.5	0.93	22.8	0.72	23.1	0.71	20.6	0.80		
Impaired ADL (Mean)	47.2	49.3	0.96	50.0	0.94	49.5	0.95	49.4	0.95		
Psychological Problems	64.7	68.8	0.94	56.8	1.14	58.2	1.11	57.4	1.13		
Nursing Care Required (Mean)	5.8	7.4	0.79	7.1	0.82	6.9	0.84	7.3	0.79		